# CANDIDATE / OFFICEHOLDER

FORM C/OH CAMPAIGN FINANCE REPORT 7000 NOR -3 PMC OVER SHEET PG 1

		£	OOVER OREE! PG
tina torrit.	ON GUIDE explains how to complete	1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER NAME	MR. RONALdo	MI 1-1.	OFFICE USE ONLY
10/10/12	MICHALANE		Date Received
	RON SEGOVIA	SUFFIX	Page ((GCE)ASO
4 CANDIDATE / OFFICEHOLDER ADDRESS	ADDRESS / PO BOX: APT / SUITE #; CI	STATE: ZIP CODE	-
Change of Address	4403 GOLFVIEW	SAN ANTONIO. TX 78223	Date Hand-delivered or Date Postmarked
5 CAMPAIGN TREASURER	TITLE FIRST	7 <i>02.</i> 23	-
NAME	MRS Itelen	K.	Receipt # Amount
	NICKNAME LAST	SUFFIX	Date Processed
	Dutmer	ζ	Date Imaged
6 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SUIT	TE #; CITY; STATE:	
TREASURER ADDRESS (Residence or business)	NAO A	- THE	ZIP CODE 110, TEXAS 78210
7 CAMPAIGN TREASURER	AREA CODE PHONE NUMBER	EXTENSION	
PHONE	(210) 534-098	7	
8 REPORTTYPE	January 15 30th day before election		15th day after campaign treasurer appointment (officeholder only)
	July 15 8th day before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)
9 PERIOD COVERED	Month Day Year THROU	IGH 3/31	/ 03
10 ELECTION	ELECTION DATE ELECTION TYPE	E	
	Month Day Year Year Primary	Runott A	General Special
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (If known	n)
	N/A	City Cource	1 Det 4
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE	<ul> <li>Direct campaign expenditures are campaign expendential conditions.</li> <li>Candidates are required to disclose this information on</li> </ul>	410	<u> </u>
BY OTHER INDIVIDUALS	Name		`
ŀ	Address / PO Box; Apt. / Suite #; City; State; Zi	p Code	
additional pages			
	GO TO P	AGE 2	
Q			

SUPPORT	& TOTAL	CEHOLDER .s 	מבחבו	₹₩₹0₹ <b>₩₿©\</b>	FORM C/OH /ER SHEET PG 2
14 C/OH NAME	3N 5E9	OVIA	2003 APR - 3	PM 4: 56	OUNT#(Ethics Commission flors)
16 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for no	itice of political expenditures to without the candidate's or of it they receive notice of such e	y political committees to suppor		
	COMMITTEE TYPE	COMMITTEE NAME			
a) A	GENERAL	COMMITTEE ADDRESS		·	
Ιν ,	SPECIFIC	COMMITTEE CAMPAIGN TREA	SURER NAME		
additional pages					
		COMMITTEE CAMPAIGN TREA	SURER ADDRESS		
17 NO REPORTABLE ACTIVITY	Check here if r	o reportable activity occurred	during this reporting period. (Sign	n affidavit below and subr	nit pages 1 and 2 only.)
18 CONTRIBUTION TOTALS	1. TOTAL I PLEDGE	POLITICAL CONTRIBUTIO SS, LOANS, OR GUARANT	NS OF \$50 OR LESS (OTHEI EES OF LOANS), UNLESS IT		•
	2. TOTAL (OTHER	POLITICAL CONTRIB THAN PLEDGES, LOANS	UTIONS OR GUARANTEES OF LOAR	NS)	656200
EXPENDITURE TOTALS	3. TOTAL P	OLITICAL EXPENDITURE	S OF \$50 OR LESS, UNLESS	SITEMIZED	6
	4. TOTAL	POLITICAL EXPENDIT	URES	3	•
OUTSTANDING LOAN TOTALS	5. TOTAL F LAST DA	RINCIPAL AMOUNT OF A Y OF THE REPORTING P	LL OUTSTANDING LOANS A ERIOD		24,51843
19 AFFIDAVIT					10.075
LILINDA SAR SAR	S. LONI		I swear, or affirm, under per is true and correct and inclu me under Title 15, Election	ides all information	at the accompanying report
STATE	OFTERS		# MU/B Signature	of Candidate of Of	NUU Ticeholder
AFFIX NOTARY STAND	04-2000			\ \ \ \ \ \	
Swom to and subscrib			SGIVIA seal of office.	, this th	31N day
_ Melinda	S. Jan	melinda	s. low	Nitax	
Signature of officer adm	ninistering caln	Printed name of offi	cer administering ceth	Title of office	administering oath

LOANS			1-800-325-850
		RECEIVED  CITY OF SAN ANTON  CITY GLERK	O SCHEDULE E
The Instruction Guide ex	plains how to complete this form.	2003 ATT + Grotel pages Scr	redule E:
2 FILER NAME C	The Lin Duta	mer bisa 2 accounts	thics Commission filers)
RONALD	O "RON" SE 90	,	thics Comffission filers)
TOTAL O	F UNITEMIZED LOANS:	0 0 0 0 0	\$
	Name of lender	Out-of-state PAC (ID#:)	9 Loan Amount (\$)
1-23-03	RON SEGOVIA		M60000
financial Institution2	Lender address; City; State;	Zip Code	10 Interest rate
Y	4403 GOLFUIEW		AL A
	SAN ANLONIO, T	X 78223	11 Manually date
12 Description of Collateral			
none			
13 GUARANTOR 14 INFORMATION	Name of guarantor		16 Amount Guaranteed (\$)
not applicable	Guarantor address; City; State;	Zip Code	
17 Principal Occupation		18 Employer	
Date of loan	Name of lender	Out-of-state PAC (ID#: OWNER)	Loan Amount (\$)
# 3/27/03	RON SEGOVI	A JEWELRY + GIFTS	
Is lender a financial Institution?	Lender address; City; State;	Zip Code	interest rate
	1403 GOLFVIEU	U	MA
, , , , , , , , , , , , , , , , , , ,	AN ANTONIO -	TX - 70005	Maturity dale
Description of Collateral	7101110	TX- 78223	
поле			
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
not applicable	Guarantor address; City; State;	Zip Gode	
Principal Occupation		Employer	
lf lender is ou	ATTACH ADDITIONAL CO ut-of-state PAC, please see inst	PPIES OF THIS FORM AS NEEDED ruction guide for additional reporting	requirements.

Texas Ethics Co	Nust	in, Texas 78711-20	70. TVED (512) 46	3- <b>5800</b> 1-800-325-850
OTHER	CAL CONTRIBUTIONS RTHAN PLEDGES OR LOAN	CITY OF SA	N ANTONIU	SCHEDULE A1 MS COH, COH-SS, SC-COH, SC-SPAC, SPAC, & SPAC-SS)
The INSTRUCTION	งพ Guibe explains how to complete this form.	7003 AFR	1 Total pages this	Schedule A1:
2 FILER NAMI	HELEN K. DUTMER		3 ACCOUNT # (EI	hics Commission filers)
Date	5 Full name of contributor □ out-of-state PAC (IDIF:  D≥L R O TORTILLAS I-A  6 Contributor address: City: State; Zip Code  IHO2 GILLETTE BLUCK	ctory	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9 Principal occur	pation (Optional)	10 Employer (Option		
Hs û	Full name of contributor   Dout-of-state PAC (IDIT:  MARIA L Rodriguez  Contributor address; City: State; Zip Code  3088, HARLAN		Amount of contribution (\$)	In-kind contribution description (if applicable)
	SAN ANTONIO TX 78	214		
- incipal occup	pation (Optional)	Employer (Option	al)	
Date	Full name of contributorout-of-state PAC (ID#:_			
2/20	LA ChINITAS LYNNSON  Contributor address: City, State; Zip Code  1012 AUONDALE	·	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occur	SAN ANLONIO, TX pation (Optional)	78223		
6	WNERS	Employer (Option	al)	
Date $\frac{1}{2}$	Full name of contributor Out-of-state PAC (ID#: / TENRY + RONNIE L'  Contributor address; City; State; Zip Code   1819 GOLIAD ROAD SAN ANDONIO, TX 7		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	SAN ANJONIO, TX 7	8223		
OWN	<u>CERS</u>	Employer (Option	al)	i
Date	Full name of contributor   out-of-state PAC (ID#_ TONY ITERNANDSZ, ATT Contributor address; City: State; Zip Code 732 CULSBRA		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	SANANTONIO, TX.	78201		
	(Option Eq.)	Employer (Options	ai)	
lf contril	ATTACH ADDITIONAL COPIES butor is out-of-state PAC, please see instru	S OF THIS FORM A	S NEEDED	ng requirements.

POLITICAL CON' OTHER THAN PL	TRIBUTIONS	stin. Texas 78711-20 RECEIV NSCHIY OF SAN CHIY CL	ED ANTONIO	SCHEDULE A1  SCHEDULE A1  MS CIOH, CIOH-SS, SC-CIOH SC-SPAC, SPAC-SS
The Instruction Guide explains h	ow to complete this form	7002 6777 - 3	PM 4: 57	
FILER NAME	. A		1 Total pages this S	2011
Juli	n K. Wutme	er	3 ACCOUNT # (EIN	ics Commission filers)
Date 5 Full name of c	ontributor Doubleton Bac m	·	7 Amount of	
6 Contributor ad	F. BUKOWSK	1	contribution (\$)	8 In-kind contribution description (if applicable
1 102 Zd	Idress; City, State; Zip Co	de	-10	
Principal occupation (Optional)	INtorio-TX	-78223		
	_	10 Employer (Optio	nai)	
Date Full name of c	ontributor Out-of-state PAC (IC		1	
JOSEP	Phine H. Rodi	219082	Amount of contribution (\$)	In-kind contribution description (if applicable
1 1338 0	Mania		35-	-
Principal occupation (Optional)	ANTONIO-TA	X-78214 Employer (Option	100	
		(Option	wat)	
Full name of c	ontributor Out-of-state PAC (ID	¥:	Amount of	
CONTRA Contributor ad	dress; City, State; Zip Cor	ood	contribution (\$)	In-kind contribution description (if applicable
	SUMMER GOLD	¥.	-25-	
Principal occupation (Optional)	NtoNio-Tx.	Employer (Option		
Date Eule		(0)00	·····	
Nicho	LAS M. Roda	190EZ	Amount of contribution (\$)	In-kind contribution description (if applicable
() Contribute :	dress; City, State; Zip Cox	A TANK A SAME AND A SA		
	INTONIO, TX	N 70-	25-	
Principal occupation (Optional)	IN TONIA, 17	78223 Employer (Option	al)	
Date Full name of or	Politikus and a second a second and a second a second and		•	
LEROY	CALEX, 3R.		Amount of contribution (\$)	In-kind contribution description (if applicable
2/22 3903 S	Trass; City: State; Zip Coo		-25-1	
SANA	NADNIA TV	- 78223		
Principal occupation (Optional)		Employer (Option	al)	
A If contributor is out-of-	TTACH ADDITIONAL COP state PAC, please see ins	ES OF THIS FORM	AS NEEDED	

as Ethics Commission P.O. Box 12070 Austin	Texas 78711-2070 (512) 463-5800	
POLITICAL CONTRIBUTIONS	(512) 463-5800	1-800-325-6
OTHER THAN PLEDGES OR LOANS	RECEIVED SCHE	DULE A1
OTHER THAN PLEDGES OR LOANS	CITY CLERK (FOR FORMS COH, CA	M-85, SC-C/OH, MC, & SPAC-SS)

_			S CH . CHY C		MS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)
		N Guide explains how to complete this form.	2003 VDB - 3	Prote pages this	Schedule A1;
	FILER NAME	Helen K. Hutna	er)	3 ACCOUNT # (E)	hics Commission file(s)
4	Date	5 Full name of contributor   Out-of-state PAC (10).	DBA	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	The	6 Contributor address; City: State: Zip Code 1953 5 www.hite/	<i>d</i> l	\$125,00	]
9	Principal occu	SAN DN LONIO - TX pation (Optional)	78220		<u> </u>
		,	10 Employer (Option	nai)	
	Date	Full name of contributor			
	1.	KEYES INDUSTRIES	?	Amount of contribution (\$)	In-Idnd contribution description (if applicable)
	1/2-2	Contributor address; City; State; Zip Code 1554 (ANTRELL		-500-	1
	Oringia I	- 2HN HAMANIA TO	78221	i	
	currebarocont	pation (Optional)	Employer (Option		
	Date	Silling			
		Full name of contributor Out-of-state PAC (IDE:	)	Amount of	In-kind contribution
	2/	LORRAINE SEGURA G	UERRA	contribution (\$)	description (if applicable)
	120	Contributor address; City: State; Zip Code 2051 W & RAMERO	' <del>S</del>	-100-	 
	Principal occur	SAN ANTONIO-TX pation (Optional)	78201		1
			Employer (Option	al)	
	Date	Full name of contributor Que-of-state PAC (IDI:			
	7/	POPERTA HICKS Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
	122	4210 VALLEY FIS		-50-	
	Principal occup	SAN ANTONIO - TX Pation (Optional)			
			Employer (Optiona	al)	
	Date	Full name of contributor Out-of-state PAC (IDM:		A-mo:44	
	2/	CONTINUE H. SEGOVIA	, JR	Amount of contribution (\$)	In-kind contribution description (if applicable)
	122	Contributor address; City: State: Zip Code 1707 SLUMBER PAS	<b>S</b> "	100-	
		SAN ANTONIO -TX - ation (Optional)	78258		
		(	Employer (Optiona	ai)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITI	CAL CONTRIBUTIONS	n, Texas 78711-207 RECI	TVED 1812140	<b>3-5800</b> 1-800-325-
OTHER	THAN PLEDGES OR LOAN	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	AN ANTHMOT	
			WALL STOR FOR	SCHEDULE A1 MS C/OH, C/OH-SS, SC-C/OH SC-SPAC, SPAC, & SPAC-SS
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			1 Total pages this :	
FILER NAM				4 of 11
	Telen K. Dul	mas )	3 ACCOUNT # (EII	nica Commission filers)
Date	5 Full name of contributor			
,	MARIO RODRIGUEZ	)	7 Amount of contribution (\$)	8 in-kind contribution
2/	8 50-1-1			description (if applicable
122	6 Contributor address: City; State; Zip Code 909 N E Loop 410 -57	•	~-	
1	109 NE LOOP 410 -57	E 300	-1/5-	
Principal	LSMI NINGLAND TV	- 782119		
· model occi	pation (Optional)	10 Employer (Option	ai)	
Date				
	Full name of contributor Out-of-size PAC (IDR		Amount of	in hind and it
_ /	DR. ROBT SOLENBER	P	contribution (\$)	In-Idnd contribution description (if applicable
1/22	Contributor address; City: State; Zip Code  4000 WR 19HT LARK	<b>(4</b> )	_	
/ ***	4000 WRIGHT CARA	DENTER RA	-200-	
	SAN ANYONIA TY	7000		
Principal occu	SAN AN YON CO, TX pation (Optional)	18721		
		Employer (Option	BI)	
Date	Full name of contributor Out-of-state PAC (IDI:			
/	JAN KUZZA		Amount of contribution (\$)	in-kind contribution description (if applicable
Mar	Contributor address: City State: 75-0			manufacti (ii applicable
1	Contributor address; City: State; Zip Code 4000 CUR' 19 AT CARP	cition as	امما	
	Sax And	ENIEK KY	-100	•
Principal occu	SAN ANTONIO - TX - pation (Optional)	18221		
		Employer (Option	RI)	
Date	Full name of contributor Out-of-state PAC (IDIt:			
	GEORGE L VALDILLEZ		Amount of contribution (\$)	In-kind contribution
a 1	Contributor address; City; State; Zip Code		(4)	description (if applicable
1/	18543 TAYLOR PUN			
120	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		70	
Principal occu	pation (Optional)	78259		
	(Open in)	Employer (Options	al)	
Date	Full name of contributor			
	ELIZABETH L. M.	7 0 1	Amount of	In-kind contribution
2	Continue	THE	contribution (\$)	description (if applicable
1/22	4909 1110 City: State; Zip Code		-3:-	
1	CA A DESTONE DR	F 1911	23	
Princip-1	Contributor address; City: State: Zip Code 4909 WOODSTONE DR SAN ANYON:0-TX— pation (Optional)	78230	` !	
· · · · · · · · · · · · · · · · · · ·	oation (Optional)	Employer (Options		
		, , , , , , , , , , , , , , , , , , , ,		
	ATTA 05:			
	ATTACH ADDITIONAL CODIE	S OF THIS PORTS	<b>0</b> 11====	
If contri	ATTACH ADDITIONAL COPIE ibutor is out-of-state PAC, please see instructions of the state of the	S OF THIS FORM A	S NEEDED	

#### exas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 POLITICAL CONTRIBUTIONS 1-800-325-8506 OTHER THAN PLEDGES OR LOANS OF SAN ANTONIO (FOR FORMS CIOH, CIOH-SS, SC-CIOH, CILLY CLERK SC-SPAC, SPAC, & SPAC-SS) The Instruction Guide explains how to complete this form. 2003 APR - 3 PM L 5 Joint pages this Schedule A1: 2 FILER NAME 3 ACCOUNT # (Ethics Commission Riers) 7 Amount of In-kind contribution contribution (\$) description (if applicable) Amount of In-kind contribution contribution (\$) description (if applicable) Full name of contributor | Call of elete PAC (IDIE) | CARULYN S. RULRIQUE'L Contributor address; City: State; Zip Code 330 SERENADE SAN ANTONIO-TX-78216 tion (Ontional) | Employer (Option Amount of In-kind contribution contribution (\$) description (if applicable) Helen Dutmer Amount of In-kind contribution contribution (\$) description (if applicable) Full name of contributor CARRIE WILBORN Amount of In-kind contribution contribution (\$) description (if applicable) 6514 LAURELHILL DR. SAN ANTONIO-TX 78229

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED if contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Principal occupation (Optional)

POLITICAL CONTRIBUTIONS RECEIVED OTHER THAN PLEDGES OR LOAD SCHEDULE A1 (FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS) The INSTRUCTION GUIDE explains how to complete this some 2 FILER NAME 3 ACCOUNT # (Ethics Commission file 5 Full name of contributor

TOHN BKING

6 Contributor address; City, State; Zip Code

H243 Family TREE #201

SAN ANTONIO-TX 78222

10 Employer (Optional) 5 Full name of contributor Amount of In-kind contribution contribution (\$) description (if applicable) Full name of contributor Dout-of-state PAC (IDE OWNER? Amount of In-kind contribution contribution (\$) description (if applicable) Contributor address: City: State: Zlp Code
43-43 Family TREE #301
SANDNYON W-TX-783-32 TACK V. BRURY FAMILY

Contributor address; City, State: Zip Code

42 + 43 Family TREE Amount of In-kind contribution contribution (\$) description (if applicable) Amount of contribution (\$) In-kind contribution description (if applicable) Employer (Optional) Amount of In-kind contribution contribution (\$) description (if applicable)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

#### POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

RECEIVED CITY OF SAN ANTONIO SCHEDULE A1
CITY CLERK FOR FORMS CIOH, CIOH-SS, SC-CIOH, SC-SPAC, SPAC, & SPAC, SS

			Ot. L.MM	SC-SPAC, SPAC, & SPAC-SS
The Instruction	H Guide explains how to complete this form.	2003 APR = 3	1 Total pages this	Schedule A1:
FILER NAME				7-07/1
	Iselen Kutm	2 A)	3 ACCOUNT# (EI	hics Commission filers)
Date	& Euler	CO		
	LA MICE		7 Amount of	8 In-kind contribution
n /	CENTER 6 Contributor address; City; State; Zip Code 35/2 So. HAEKBERR	ARE LEARNIN.	contribution (\$)	description (if applicable
2/18	8 Contributor address		1	<b>1</b> ]
V / O	35/3 50 //a State; Zip Code	•	1 00	
	MACKBERR	11157	-125-	
,	SAN ANTONIO			
Principal occur	SAN ANTONIO-TX-	18210		
		10 Employer (Option	vai)	
Date	Full name of contributor			_
, 1	Full name of contributor Quit-of-state PAC (10st	)	Amount of	1-10
n/. e	Contributorante	Garda	contribution (\$)	In-Idind contribution description (if applicable
7/20	Contributor address; City; State; Zip Code	SULUT	, ,	The state of the s
′	7 City: State; Zip Code	SILVER	0 -	
ł	7074 BANDERA		200-	
ļ				
Principal occur	DAN HNYONIO-TX	18230		
· · · · · · · · · · · · · · · · · · ·	pation (Optional)	Employer (Option		
		- Copacition (Opaciti	uai)	
Date	Full name of contributor Out-of-state PAC (IDE:			
İ			Amount of	In-kind contribution
	HEAVYWEIGHT GYA	1	contribution (\$)	description (if applicable
レ/	Contributor address; City; State; Zip Code	• • • • • • • • • • •		. , ,
1910	City, State; Zip Code	2.	100	
100	2115 golind Rd.	<del>2</del>	100-	
	SAN DON	T 4		
Principal occur	SAN ANTONIU-T	1 70 R 93		
		Employer (Option	ai)	
Date	S. H. Donner, C.		-	
	Full name of contributor Qui-of-state PAC (IDII:	N.	A====4=4	
4/	ROMULO TREVINO SEL	FSERVE	Amount of contribution (\$)	In-kind contribution
)/ is 1	Contributor address; City: State: 75 Code	INDEN TAIL	(*)	description (if applicable
/ /	Contributor address; City; State; Zip Code	TIVE	-500-	
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	·		ļ	
Principal occur	pation (Optional)		1	
-		Employer (Optional	al)	
Date	S.d. San			
-	Full name of contributor Qui-of-state PAC (IDE:	,	A	
, I	MARIA A GARCIA		Amount of contribution (\$)	In-kind contribution
7 1	Constitute	<u></u>		description (if applicable
17	City: State; Zip Code	-110	<u> </u>	
, , ,	4404 TRAVIS CANALTAI	CliMate 43	-200-	
/ /	Contributor address; City: State; Zip Code 404TRAVIS COUNTRY AUSTIN-TX 787	- MEL S	, I	
′′		35	` [	
Principal	787		1	
Principal occup	ation (Optional)			
Principal occup	ation (Optional)	Employer (Options	ai)	
Principal occup	ation (Optional)		ai)	

se see instruction guide for additional reporting requirements.

# POLITICAL CONTRIBUTIONS SAN ANTONIO OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS CIOH, CIOH-SS, SC-CIOH,

	2003 APR - 3	M L: 57		SC-SPAC, SPAC, & SPAC-SS)
	ION Guide explains how to complete this form.		1 Yotel pages this	Schedule A1:
2 FILER NAN	Telen Dutme	ע	3 ACCOUNT# (EI	S & / /
4 Date	5 Full name of contributor Qual-of-state PAG (IDF: U10 TOR J. RIVERA		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
3/7	6 Contributor address; City; State; Zip Code 9138 PORT HUDSON		<del>8</del> -100-	(ii appicable)
9 Principal occ	SAN ANTONIO-TX supellon (Optional)	782 HS 10 Employer (Option	al)	
Date	F. II .			
3/1	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	3700 FREJERICKSA SAN ANHONIO-TX Upation (Optional)	Skry #203	-25 <u>-</u>	 
Principal occ	upation (Optional)	18201		
		Employer (Option	al)	
Date	Full name of contributor out-of-state PAC (IDIE:			
,	LARRY KICKETT	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
3/7	Contributor address; City; State; Zip Code		100-	<u> </u>
Principal	WILSON COUNTY		, = 0	
· · · · · · · · · · · · · · · · · · ·	upation (Optional)	Employer (Option	al)	
Date			<del>-</del> ,	
3/9	Full name of contributor Out-of-state PAC (IDN:_ROBTRBENTLE_	/	Amount of contribution (\$)	In-kind contribution description (if applicable)
//	Contributor address; City; State; Zip Code 1610Al<0/8		125-	
	1 SAN ANTONIO-TO	78204		
Principal occ	upation (Optional)	Employer (Options		
Det			u)	
Date:	Full name of contributor   Out-of-state PAC (IDS: PON NEELE J RONSTRU  Contributor address; City: State: 7 in Code	eTien	Amount of contribution (\$)	In-kind contribution description (if applicable)
-/ 4	Contributor address; City: State; Zip Code  12654 Worm AN HOLK  SHERTZ TX 78/	ERINGERA	125-	
Principal occi	upation (Optional)		, l	
		Employer (Optiona	il)	
If cont	ATTACH ADDITIONAL COPIES	OF THIS FORM A	S NEEDED	

# POLITICAL CONTRIBUTIONS RECEIVED RECEIVED OTHER THANKS: P.O. Box 12070 Austin, Texas 78711-2070 RECEIVED RECEIVED OTHER THANKS: P.O. Box 12070 Austin, Texas 78711-2070 RECEIVED OTHER THANKS: P.O. Box 12070 Austin, Texas 78711-2070

THE INSTRUCT	non Gues explains how to complete this form.		1 Total pages this	Schadule As
FILER NAM				Schedule A1: 92//
	Itelew Dut	me le	3 ACCOUNT# (E	hics Commission filers)
Date	5 Full name of contributor.	The state of the s		
2/	5 Full name of contributor. Quitofette PAC 7 A B I ANS DAINTI	Ng OWNER	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable
1/9	6 Contributor address; City; State; Zip (	Code	Con-	
	831 FULTON ST, SAN ANTON 10-	· · · · · · · · · · · · · · · · · · ·	Ju	
Principal occ	superion (Optional)	10 Employer (Oct	Onel)	
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#### POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

RECEIVED CITY OF SAN ANTONIO SCHEDULE A1

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contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES	RECEIVED SCHEDULE F CITY OF SAN ANTONIO CITY CLERK
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2 FILER NAME Juleen Dutmer	3 ACCOUNT # (Ethics Commission filors)
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8 Purpose of payment (See instructions regarding type of information required.)  STAM 95	9 → Complete if direct expenditure to benefit C/OH → Candidate / Officeholder name Office sought Office hold
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6 Payee address; City: State; Zip Cox	RT151N9
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## POLITICAL EXPENDITURES

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### POLITICAL EXPENDITURES

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### **POLITICAL EXPENDITURES**

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lexas Ethics Commission P.O. Box 12070 Austin Tayas	<b>5 78711-2070</b> (512) 463-5800 1 200 205 0500
POLITICAL EXPENDITURES	RECEIVED  CITY OF SAN ANTONIO  CITY CLERK  SCHEDULE F
The INSTRUCTION GUIDE explains how to complete this form.	2003 APR - 3 PM 4: 58
	1 Total pages Schedule F: 9 67 (
4 Date 5 Payer name	3 ACCOUNT # (Ethics Commission files)
3 reyestatile	7 Amount (\$)
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8 Purpose of payment (See instructions regarding type of information required.)  PhoToS	9 Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office hold
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U City, State; Zip Cod	1NTERS Amount (\$)  1NTERS (\$)  - 18x 78201
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POLITIC	CAL EXPENDITURES	RECEIVED 1-800-325-850
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	Guest explains how to complete this form,	2003 APR - 3 TT Total pages Schedule F:
2 FILER NAME		107/10
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4 Date	5 Payee name	- Leas
1-30-03	REFIRE SUDDIE	7 Amount (\$)
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Date	Payee name	
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2-1503	HOME DEPOT	(2)
3-02-03	Payee address; City; State; Zip Code	(ATTCH) - 23435
2-10-03	527 FAIR AUS	(ATTCH) - 23435
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	ATTACH ADDITIONAL COPIE	ES OF THIS FORM AS NEEDED

P.O. Box 12070

POLITICAL EVENINES	(0.12)/100/0000 1-000-325-8500
POLITICAL EXPENDITURES	RECEIVED SCHEDULE F CITY OF SAN ANTONIO CITY CLERK
The Instruction Guide explains how to complete this form.	2003 APR -3 PM 4: 58 Total pages Schedule F:
2 FILER NAME Telen Autmes	3 ACCOUNT # (Ethics Commission flors)
4 Date 5 Payee name  PORTER POULTR 6 Payee address; City; State; Zip C 5 475 Hony 90 W  Add Quito nio	Tx 78227
8 Purpose of payment (See instructions regarding type of information required.)  **Turn drauser**	9 "Complete if direct expenditure to benefit C/OH "Candidate / Officeholder name Office sought Office hald
Payee address; City: State; Zip C	UNTEERS AMOUNT (S)  SEE ATTACH -1701-19
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Date Payee name Payee address; City; State; Zip C	Amount (\$)
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FILER NAM		hedule G: / Ŋ /
	Velen Witmest Com 3 ACCOUNT # 1	Ethics Commission filers
Date	5 Payee name	8 Amount
2-03 thru 3-31-05	6 Payee address; City: State; Zip Code	(\$)
Will	SEE A LICH.	468
3-31-00	7 Purpose of expenditure (See Letter)	
	7 Purpose of expenditure (See instructions regarding type of information required.)  A 5 0 L'INE & AUTO 5	Reimbursement from political
Date	Payee page 2	contributions intended
	LUMBER CO	Amount
1	rayee address; City: State: Zin Code	(\$)
7/12	2020ASA BLANCO	16 77
/	Purpose of expenditure (See instructions regarding type of information required.)	
	The state of the s	Reimbursement from political contributions
Date	Payee name	inlended
	Payee address; City: State: 7:5 Co.	Amount (\$)
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	Purpose of expenditure (See instructions regarding type of information required.)	Reimbursement
Date	Dec	from political contributions intended
	Payee name	Amount
	Payee address; City; State; Zip Code	(\$)
	Purpose of expenditure (See instructions regarding type of information required.)	
		Reimbursement from political contributions
Date	Payee name	intended
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	Purpose of expenditure (See instructions regarding type of information required.)	Reimbursement
		from political contributions intended

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The Instruction	N Guide explains how to complete this form.	1 Total pages Schedule I:
2 FILER NAM	E Telew Dutner Trans	3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name  5 A.N. ANTON (O. WATER Syst: 6 Payee address; City: State; Zip Code  P.O. B. Out 2-990  June Grant Tonio Tex  7 Purpose of expenditure (See instructions regarding type of information	78299-90-7907
	Water far Herdquarters	rrequirea.)
Date	Payee name	Amount (\$)
	Purpose of expenditure (See instructions regarding type of informatio	n required.)
Date	Payee name	Amount (\$)
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Date	Payee name	Amount (\$)
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The Instruction	юм Guide explains how to complete this form.		1 Total pages Sch	nedule H:	
FILER NAME		3 ACCOUNT # (EI		thics Commission filers)	
Date	5 Business name  6 Business address; City; State; Zip Code		/	7 Amount (\$)	
Purpose of pa	syment (See instructions regarding type of information	/			
required.)	y man (eee man called a lang type of information	9 ··· Zomplete Candidate / Officohol	a if direct expenditure Ider name	oto benefit C/OH •• Office sought Office held	
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CRED	ITS (optional)	RECEIVED CITY OF SAN ANTONIOSCHEDULE K CITY CLERK
The Instruct		7 Total pages Schedule K:
FILER NAME 3 ACCOUNT # (EIF		3 ACCOUNT # (Ethics Commission filers)
Date	5 Payor name	8 Amount (\$)
	6 Payor address; City; State; Zip Code	
	7 Reason for credit	
Date	Payor name Payor address; City; State; Zip Code	Amount (\$)
	Reason for credit	
Date	Payor name	Amount (\$)
	Reason for credit	
Date	Payor name Payor address; City; State; Zip Code	Amount (\$)
	Reason for credit	
Date	Payor name Payor address; City; State; Zip Code	Amount (\$)
	Reason for credit	
	ATTACH ADDITIONAL COPIES OF THIS F	FORM AS NEEDED